



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Cumas
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	02 September 2022
Centre ID:	OSV-0007775
Fieldwork ID:	MON-0028789

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cumas is a designated centre located in Co. Kilkenny. It provides residential supports for four individual residents over the age of 18 years with an intellectual disability. An appointed person in charge oversees the day to day operations of the centre. The centre is comprised of 4 single occupancy apartments which have been decorated and adapted to meet the needs of the residents. Staffing support is afforded 24 hours a day 7 days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 2 September 2022	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision regarding the renewal of the centre registration. Overall, the findings of this inspection were that residents appeared content and happy in their homes and in the presence of the staff team supporting them. Areas where further improvements were required had been self-identified by the provider including the need for provider level audits as required by Regulation and improvement to some infection prevention and control measures.

This centre is registered to provide care and support to four residents and is currently home to four individuals. The inspector met with three residents on the day of inspection and as one resident was staying with their family on a short break so the inspector did not get the opportunity to meet them. The centre comprises four self contained apartments within an apartment complex on the outskirts of Kilkenny city. Two apartments are next to one another on the ground floor and two are next to one another on the first floor of the building.

The inspector completed a walk through of all four apartments and met the three residents present in their homes. In each of the apartments visited, residents were observed engaging in activities of their choice such as, building items with bricks, watching television, listening to music, spending time with staff, going for walks and getting ready to go out into the community. Each apartment has its own balcony and the inspector observed residents supported to water plants and to enjoy the sun while sitting outside.

One resident had been baking with staff and had made a loaf of brown bread for everyone to enjoy. This resident was going into town to meet family for a cup of tea and then they had errands to run. Later in the day the same resident supported by their staff went out for a walk in the local area. One resident had been at a medical appointment supported by a staff member and met the inspector on their return home. They were making soup for lunch and had plans to go to the cinema later in the day. They showed the inspector their plans using a combination of manual signing and pictures to communicate. The resident was seen to use visual supports present in their home and on their electronic devices to support communication. Another resident was in their living room with the television on and was using blocks to construct objects at their kitchen table. They had been on the balcony and a watering can had been left outside ready for the next time. The resident was later observed going out to walk towards local shops supported by staff.

The inspector found that there was a lovely homely atmosphere in each of the four apartments that make up this designated centre. Residents were observed to spend time in the company of staff and it was reported and documented that they also spent time in each others company. Staff were observed to support residents in a kind and sensitive manner, to use multiple communication supports with residents

and to foster independence and the development of skills where possible.

Overall, the inspector found that residents were involved in the day-to-day running of their home, making choices in relation to how they spend their time, and supported and encouraged to be as independent as possible. They were keeping in touch with, being visited by, and visiting their family and friends regularly. The inspector saw photographs and read reviews on how residents hosted parties and had friends and family to visit in their homes. While residents engaged in activities independently that were of interest to them, they also enjoyed spending time together. The inspector was told about a recent day out to Croke Park to support their county hurling team in the All Ireland final and the residents showed the inspector their tickets, the kit they wore and flags they had bought for the trip. Residents had also been on holidays together including a recent short break to Co. Kerry. One resident was a member of a resident advocacy group and regularly attended meetings. All residents engaged in weekly residents' meetings where they discussed menu planning, activities and social outings. Each home had a notice board that displayed information of particular interest to the individual.

In addition to meeting with residents, questionnaires had been distributed in advance of the inspection in order to gather both resident and their representatives' views. The feedback in these questionnaires included a number of areas where residents were satisfied with aspects of care and support in the centre, no residents identified areas where they would like to see change or improvements.

The questionnaires included lists of activities residents liked to take part in such as, social farming, going for walks, going on holidays, going to restaurants, working with a local single gauge railway, swimming, going to the cinema, visiting the farmers mart, reflexology and chatting to neighbours and friends. They also included things residents enjoyed doing around their homes such as, spending time on the balcony, watering the plants and flowers, waving hello to neighbours as they pass and meeting each other.

Some of the things residents or their representatives said in their questionnaires included "I really like staff who know me and what I like or don't like", "I love spontaneous day trips like going to the beach", "I live alone but love my own space and my ramp onto my balcony. My neighbours are friendly" "My family visit me a lot and my staff always welcome them. We always make sure we have cake ready for them".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed following an application by the registered provider to renew the registration of the designated centre. Overall, the findings of this inspection were that the provider had systems of oversight and management in place at a local level that were ensuring residents were in receipt of a good quality and safe service. The provider and person in charge were self-identifying areas for improvement as an outcome of local audits and monitoring systems in place. Improvement was required in a small number of areas that included monitoring and overall provider auditing and infection prevention and control and these are outlined further in the report.

There were systems to ensure that staff were recruited and trained to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. The person in charge was found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living in the centre. The person in charge has responsibility for two designated centres and divides their time between them. When not present in the centre they are available to the staff team by phone and there was an on-call manager on duty in their absence.

Questionnaires completed in advance of the inspection, were very complimentary towards the staff team. Staff were described as encouraging, helpful, welcoming, professional, kind and supportive. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. Staff took every opportunity to talk with the inspector about residents' strengths and talents. They spoke about how important it was to them to ensure that residents lived in comfortable homes where they were happy, safe and engaging in activities they enjoyed.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the registration of the centre within the time frame as specified by the Regulation.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team were in place to provide care and support to residents in line with their assessed needs. The staff team currently comprised a nurse and healthcare assistants, there had been no identified need for a social care worker on the team to date. However, the provider had identified this as an evolving need and as such had made arrangements for a staff member from

another service to transition onto the staff team for this centre.

Residents were at all times supported on a one to one basis during the day and at night a single staff member worked between two apartments. The inspector reviewed the rosters and found that they reflected the staff on duty on the day of inspection and were accurate and well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in line with the organisation's policy. Staff also availed of refresher training in areas such as fire safety, managing behaviour that is challenging, safeguarding, manual handling, standard precautions, and medicines management when indicated. There was a training plan available and on display for staff to alert them of the available training dates. Assessments of staff practice skills were also maintained.

Formal staff supervisions had been completed in line with the timeframes outlined in the provider's policy. There was a schedule in place to ensure that each staff had regular formal supervision to ensure they were supported and aware of their roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the centre was well run and there were clearly-defined management structures in place. However, provider level annual audits and six monthly unannounced reviews had not been completed as required by the Regulation. An annual report had been completed in August 2021 which was the first since the centre had opened and the last six monthly unannounced visit had been in April 2021. This did not assure the inspector that the provider was maintaining full oversight of the service provided. The non completion of provider level oversight and reviews had been self-identified as a concern and the inspector was told that a schedule was now in place to complete these.

Staff had specific roles and responsibilities and staff who spoke with the inspector were aware of these and motivated to ensure that residents felt happy and safe in the centre. The person in charge audits, were self-identifying areas for improvement and there were actions identified to bring about these improvements in a timely manner. The person in charge and the person participating in the management of

this centre met on a regular basis and minutes of these meetings were reviewed by the inspector. These indicated that there were clear structures to ensure that identified local actions were prioritised and completed as required.

To ensure that there was shared learning between centres and formal peer support networks in place the persons in charge of centres operated by the provider met on a regular basis and there were workshops in place for centre team leaders to meet also. Regular staff meetings were occurring and there were clear communication systems in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and was available for residents and their representatives in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedures in place which were available for residents in an easy-to-read format. There was a nominated complaints officer and systems to log and show follow ups on complaints made. From reviewing a sample of complaints in the centre, they were being followed up on in line with the provider's policy. Residents and their representatives commented on their experience of the complaints process in the centre in their questionnaires. They stated they were aware of the process and that they would be informed of the outcomes of their complaints.

From reviewing a sample of complaints, it was evident that complainants were kept up to date in relation to actions and follow ups completed as a result of the complaint, and alerted to the availability of external review of their complaints, should they not be satisfied that their complaint was fully resolved. There was evidence that there was a culture of continuous improvement in the centre where complaints were used to plan, deliver and review services.

There was evidence that the person in charge and the staff team were advocating on residents behalf to support them in making a complaint to an external agency and in supporting them to follow up on these complaints until they were resolved.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

Each resident lived in their own comfortable and individualised apartment and items or photographs that were important to them were displayed. Residents had access to adequate space and storage for their personal items although storage for household items required review and there were sufficient numbers of baths, showers and toilets in each apartment.

Each apartment was found to be clean during the inspection. The inspector observed staff adhering to standard precautions throughout the inspection. Staff had completed a number of infection prevention and control related trainings and were found to be aware of their roles and responsibilities. There were systems in place to ensure that visitors were not showing any signs of infection. Some improvements in infection prevention and control were required and are outlined against the Regulation below.

Residents' assessments and plans were found to be person-centred, and to contain sufficient detail to guide staff in relation to any supports they may require. Their healthcare needs were assessed and care plans were developed and reviewed as required. Residents were supported to take part in the day-to-day running of their home and to be aware of their rights through residents' meetings and discussions with staff and their keyworkers.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose and there was adequate private and communal accommodation. The centre comprises four individual apartments located within an apartment building, each resident had their own balcony, living room, kitchen-dining room, bathroom and bedroom.

The provider had ensured that residents could access all areas of their homes with ramps installed onto balconies and sufficient space within bathrooms for the use of hoists and other required equipment. Some aspects of wear and tear and maintenance was required which is reflected under Regulation 27.

While residents had access to sufficient storage for their personal belongings the storage of more general items such as Christmas decorations or other seasonal

items needed consideration to ensure it was not placed on hot pipes or on the hot water tank.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge and staff team supported the residents to eat a fresh and varied diet and were seen to consult with residents regarding their food preferences. Residents were supported to participate in the preparation, cooking and serving of meals and to eat out if they chose to.

There were clearly defined responsibilities in planning and managing food consistencies as advised by health and social care professionals. There was evidence of oversight and monitoring of nutritional care for residents. The person in charge had ensured that there were links in place with dietetics and speech and language therapy and the care plan recommendations were aligned between safe eating and drinking and nutritional care.

Residents were supported to engage in mealtimes at a time that suited them and they were observed to be a time of pleasant social sharing.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured there were policies, procedures and practices in place relating to the management of risk within the centre. Effective systems were found to be in place for the ongoing identification, review and management of risk. Systems were in place for the management of emergency situations.

A risk register was available for review and contained centre and individual risks and there was evidence of regular reviews of risk assessments and the control measures taking place. The inspector found that the person in charge was implementing good practices in relation to risk management in the centre and there was evidence of positive risk taking in place.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control policy, procedures and practices in the centre. Staff had completed a number of infection prevention and control related trainings. The physical environment was clean and there were cleaning schedules in place to ensure that each area of the apartments were regularly cleaned. The inspector found that there were inconsistencies in the completion of cleaning documentation and gaps in recording that did not assure that all areas were cleaned as directed.

The provider had identified a number of areas in the premises and fixtures that required repair or replacement such as a shower trolley with a cracked surface and a build up of sediment or lime scale and flooring that was worn, cracked and chipped in areas. These did not allow for cleaning to be completed in line with the standard as outlined for infection prevention and control practice and works remained outstanding on the day of inspection.

The inspector observed that the mops were hung on hooks in the utility room of each apartment however they were not spaced a sufficient distance apart. This resulted in wet mop heads touching and resting against each other increasing the risk of cross contamination between for example, bathroom and kitchen mops. There were suitable arrangements for laundry and waste management in the centre. Contingency plans and risk assessments were developed in relation to risks relating to infection and COVID-19.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape including sufficient emergency lighting which was being regularly serviced. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed. The provider's measures for safe evacuation were in line with any additional information provided by the general management of the building, such as not using the lift and keeping corridors and stairwells clean and clear.

Each resident had a personal emergency evacuation plan (PEEP) which was clear in relation to any supports they may require. Fire drills were occurring regularly in the centre and being completed at different times, and when the minimum number of staff and maximum number of residents were present. The provider had taken external specialist advice regarding the management of night time evacuation processes with staff shared between two apartments. Staff had completed fire safety awareness training, and dates identified for refresher training for those who required it.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed which identified their health, personal and social care needs. These assessments were used to inform the development of care plans which were contained in their personal plans. Residents' personal plans reflected their assessed needs and outlined any support they may require to maximise their personal development and independence.

The person in charge had completed a substantive piece of work with the staff team to ensure that the personal plans and goals set by residents were meaningful and reviewed on a monthly basis. A visual overview of the residents month was maintained and used as a communication tool to stimulate conversation and shared topics for discussion. The staff team generated daily schedules for the residents based on their expressed preferences and the inspector observed these being reviewed by residents and planning for upcoming events in place.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Allegations and suspicions of abuse were screened and followed up on in line with the organisation's and national policy. Safeguarding plans were developed, reviewed and closed as required. Staff had completed safeguarding training and those who spoke with the inspector were aware of the control measures in open safeguarding plans in the centre.

Residents daily schedules included guidance on the completion of personal and intimate care and these were found to be detailed and regularly reviewed. There were protocols in place for the reporting of incidents and for the investigation of potential injuries or unexplained bruises.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to take part in the day-to-day running of their home and to be aware of their rights through residents' meetings and discussions with staff and their keyworkers. Residents could freely access information in relation to their rights, safeguarding, and accessing advocacy services in each of the apartments. These topics were also regularly discussed at residents' meetings. Other areas

regularly discussed at residents' meetings included, menu planning, fire safety, complaints, activities, health and safety, and finances.

There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cumas OSV-0007775

Inspection ID: MON-0028789

Date of inspection: 02/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An updated schedule for completion of provider audits has been agreed with Senior Management and PPIMs on the 19/08/2022. The annual unannounced visit to Cumas is scheduled for completion by 18/10/2022. The outstanding 6 monthly provider audit is scheduled for completion by 15/12/2022 and assigned to a relevant auditor.</p> <p>Findings and actions from provider audits are being discussed with Quality department and PPIMs and presented at Quality Assurance meetings to ensure learning and development within the QA group.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC has highlighted the gaps in cleaning records with the staff team after the inspection took place and has also added completion of cleaning records to the team meetings agenda in Cumas.</p> <p>As part of PIC presence in Cumas oversight and spot checks are ensuring adequate IPC in Cumas.</p> <p>SPC maintenance department have changed the mop holders in all four Cumas apartments since the inspection took place to ensure mops are stored in line with IPC</p>	

requirements.

Replacement for shower trolley bedding has been ordered and delivery is confirmed by the company for replacement on the 12/10/2022.

H & S department have initiated review of the flooring in all four Cumas apartments to receive quotation for new and/or repair of flooring. The PIC will be informed about a date and further steps as soon as available.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	15/10/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Substantially Compliant	Yellow	15/12/2022

	put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	12/10/2022